MULTIPLE DE NDENT	CLAIM	SERIAL NO.	
FEE CALCULATION S	HEET		FILING DATE
(FOR USE WITH FORM PT	O-875)	APPLICANT(S)	101111111111111111111111111111111111111
	CLAIM	S	101566887
AS FILED AFTER 1"AMENDMENT	AFTER		AFTER AFTER
I IND DED YOUR	1 AMENDMENT	AS FILED	TATIER ATTER
1 ' DEL.	IND. DEP.	IND. DEP.	IND DED TO
$\frac{2}{3}$		51 52	IND. DEP. IND. DE
4		53	
5		54	
6		55	
8		56	
9		58	
10		59	
11 X		60	
12 /	1 1 1	62	
14		63	
15		54	
16		6	
18	6		
19	63		
20	70		
22	71	 	
23	72		
24 7	73		
26	75		
27	76		
28 7	77 78		
30	79		
31	80		
32	81 82		
33 34	83		
35	84		
36	85 86	 	
37	87		
39	88		
40	90		
41 42	91		
43	92		
44	93		
45	95		
47	96		
48	97		
50	99		
	100		
TOTAL DID	TOTAL IND.	1	# 4
TOTAL DEP.	TOTAL DEP	+	
CLADES	William .	E SECOND 180	
PTO- DAY (BEV. 1649)	CLABAS		
PTO - (SEE (REV. 1644) CLE DEPARTMENT of CONDICERCE Potent and Trademark Office			

BEST AVAILABLE COPY